



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1231834  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
August 2013

Form must be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- Gas       D&A       ENHR       SIGW
- OG       GSW       Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic       Other (Core, Expl., etc.): \_\_\_\_\_

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- Deepening       Re-perf.       Conv. to ENHR       Conv. to SWD
- Plug Back       Conv. to GSW       Conv. to Producer
- Commingled      Permit #: \_\_\_\_\_
- Dual Completion      Permit #: \_\_\_\_\_
- SWD      Permit #: \_\_\_\_\_
- ENHR      Permit #: \_\_\_\_\_
- GSW      Permit #: \_\_\_\_\_

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

GPS Location: Lat: \_\_\_\_\_, Long: \_\_\_\_\_  
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum:  NAD27       NAD83       WGS84

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Vertical Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan

*(Data must be collected from the Reserve Pit)*

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite:

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

1231834

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?  Yes  No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Dale Jackson Production Co.  
Box 266, Mound City, Ks 66056



Cell # 620-363-2683

Office # 913-795-2991

Surface: 20' of 6"	Cemented: 5 Sacks	Hole Size: 8 3/4"
Longstring: 717' of 2 7/8" 8 round pipe	Cemented: 90 sacks	Hole Size: 5 5/8"

SN:	Packer:	TD: 721'
Plugged:	Bottom Plug:	

Lease:	Alva Schendel
Owner:	Bobcat Oilfield Services Inc
OPR #:	3895
Contractor:	DALE JACKSON PRODUCTION CO.
OPR #:	4339

Well #: 15W-14
Location: SW, NW, NW, SW, S24-T16-R21E
County: Miami
FSL: 2244' S
FEL: 5003' E
API#: 15-121-30480-00-00
Started: 9/02/2014
Completed: 9/05/2014

**Log Well**

TKN	BTM Depth	Formation	TKN	BTM Depth	Formation
2	2	Top Soil	8	565	Shale
9	11	Clay	7	572	Lime
22	33	Lime	9	581	Shale
4	37	Shale	17	598	Shale
2	39	Black Shale	2	600	Black Shale
11	50	Lime	3	603	Shale
10	60	Lime (Shaley)	6	609	Lime (Shaley)
14	74	Lime	1	610	Shale (Limey)
6	80	Shale	1	611	Light Sandy Shale (Oder)
4	84	Red Bed	3	614	Light Sandy Shale (Oil Sand Stks)(Poor Bleed)
7	91	Shale	1	615	Sandy Shale
12	103	Sandy Shale	11	626	Shale
14	117	Lime	4	630	Lime
19	136	Sandy Shale	3	633	Black Shale
6	142	Sandy Lime	21	654	Shale (Limey)
7	149	Sandy Shale	3	657	Lime
58	207	Shale	4	661	Shale
19	226	Lime	2	663	Coal
6	232	Shale	7	670	Shale (Limey)
13	245	Sandy Shale (Limey)	1	671	Lime
14	259	Shale	5	676	Shale
6	265	Lime	1	677	Sandy Shale (Oil Sand Stks)(Poor Bleed)
18	283	Shale	2	679	Oil Sand (Shaley)(Fair Bleed)
3	286	Sand (Dry)	2	681	Oil Sand (Some Shale)(Fair Bleed)
3	289	Lime	2	683	Oil Sand (Good Bleed)
5	294	Sandy Lime (Oder)	1	684	Oil Sand (Very Shaley)(Poor Bleed)
3	297	Shale	1	685	Shale (Oil Sand Stks)(Poor Bleed)
9	306	Lime	1.5	686.5	Oil Sand (Shaley)(Fair Bleed)
22	328	Shale	1	687.5	Oil Sand (Very Shaley)(Fair Bleed)
27	355	Lime	3.5	691	Sandy Shale (Oil Sand Stks)(Poor Bleed)
3	358	Black Shale	2	693	Sandy Shale
3	361	Shale	2	695	Sandy Shale (Black Sand Stks)(Water & some Oil)
4	365	Shale (Limey)	1	696	Black Sand (Shaley)(Water)(Some Oil)
20	385	Lime	TD	721	Shale
4	389	Black Shale			
13	402	Lime			
24	426	Shale			
17	443	Sandy Shale			
66	509	Shale			SET SURFACE - 3:00 PM - 9/02/14
9	518	Light Sandy Shale			CALLED IN 12:46 PM - TALKED TO RYAN
17	535	Shale (Limey)			LONGSTRING - 717' of 2 7/8" 8' ROUND PIPE
19	554	Shale			SET TIME 1:30 PM - 9/05/14
3	557	Shale (Limey)			CALLED IN 12:30 PM - TALKED TO ALLEN



1/2 Mile North of Louieburg  
27295 Metcalf Rd.  
P.O. Box 728  
Louieburg, Kansas 66053  
913-837-2955 • 1-800-521-1764

# MOSSMAN LUMBER COMPANY

# COPY

## True Value.

CUSTOMER NO	JOB NO	PURCHASE ORDER NO	REFERENCE	TERMS	CLERK	DATE	TIME
301			ORDR # 80497	NET 10TH	RR	8/30/14	14:06

MOSSMAN OIL  
SUITE 102  
601 WEST 4TH ST  
LOUISBURG, KS 66053

2828 DEERWAY WALLEY MO

DEL. DATE: 8/28/14 TERMS: 1  
SLSPR: RR ROBERT RAND  
TAX : 001 LOUISBURG, KS

DOCR 179560  
\*\*\*\*\*  
\* INVOICE \*  
\*\*\*\*\*  
ORDR 80497

QUANTITY	UNITS	UNIT	SKU	DESCRIPTION	UNITS	PRICE/UNIT	EXTENSION
240		EA		80# 5/8 FLY ASH CLASS C	240	5.45 /EA	1,308.00
280		EA		94# PORTLAND CEMENT 1/II	280	9.50 /EA	2,660.00
14		EA		RETURNABLE PALLET	14	15.00 /EA	210.00 *
14		EA		SHRINK WRAPPED PALLET	14	5.00 /EA	70.00
1		EA		FUEL SURCHARGE	1	50.41 /EA	50.41

*Alva Schendel  
15W-14*

\*\* AMOUNT CHARGED TO STORE ACCOUNT \*\*    4,680.97    TAXABLE    4,298.41  
NON-TAXABLE    0.00  
SUBTOTAL    4,298.41

RECEIVED BY

TAX AMOUNT    382.56  
TOTAL DUE    4,680.97

*W*

FROM MOSSMAN LUMBER 9138375871

0 11 2000 9:47 AM